

CLAIMS ONLY						Application Number <div style="font-size: 1.2em; font-family: cursive;">107775147</div>		Filing Date				
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3											
Total Depend	10											
Total Claims	13											
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Applicant(s)

Filing Date

* May be used for additional claims or amendments